PAGE 1 / 25

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Autr	ionzed Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Citizens For Restoring	USA		
ADDRESS (number and street)	339 Cocoanut Row		
▼ Check if different	Rear		
than previously reported. (ACC)	Palm Beach		FL 33480 -
2. FEC IDENTIFICATION N	UMBER ▼ CIT	Y 🛦	STATE ▲ ZIP CODE ▲
C C00575993		S THIS NEW (N) OF	AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Feb Report Due On:	20 (M2) May 20 (M	(Non-Election Year Only)
(a) Quarterly Reports:		20 (M3) Jun 20 (M	(Non-Election Year Only)
April 15 Quarterly Report (0		20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report (0	(c) 12-Day	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (0	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (Floation	n on	in the State of
July 31 Mid-Year Report (Non-electic Year Only) (MY)	on (d) 30-Day POST-Election	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Report for the: Election	n on	in the State of
5. Covering Period 1		through 12	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined the	nis Report and to the best of Kiger, Robert, , ,	my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasure	er		
Signature of Treasurer Kige	r, Robert, , ,	[Electronically Filed]	Date 01 10 / 2017
NOTE: Submission of false, erron	neous, or incomplete information	may subject the person signing	g this Report to the penalties of 52 U.S.C. § 30109
Office Use Only			FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name Citizens For Restoring USA 11 29 2016 12 31 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2.32 January 1, 2016 (b) Cash on Hand at 78.54 Beginning of Reporting Period..... 130.00 4406.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 4408.32 208.54 6(a) and 6(c) for Column B)..... 4310.93 111.15 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 97.39 97.39 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 1449.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

11 29 2016 31 2016 12 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 0.00 350.00 (i) Itemized (use Schedule A)..... 0.00 2256.00 (ii) Unitemized (iii) TOTAL (add 2606.00 0.00 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 2606.00 0.00 Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 130.00 1800.00 13. All Loans Received..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 0.00 0.00 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3)..... 0.00 0.00 (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 4406.00 12, 13, 14, 15, 16, 17, and 18(c))......▶ 130.00 20. Total Federal Receipts 130.00 4406.00 (subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	Total This Period			
Operating Expenditures: (a) Allocated Federal/Non-Federal		Calendar Year-to-Date		
Activity (from Schedule H4) (i) Federal Share	0.00	0.00		
(i) Tederal Ghare		45 1 45 1 45		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating	100 15	2724.93		
Expenditures(c) Total Operating Expenditures	106.15	2724.93		
(add 21(a)(i), (a)(ii), and (b))	106.15	2724.93		
. Transfers to Affiliated/Other Party				
Committees Contributions to	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	0.00	0.00		
Independent Expenditures		4 4		
(use Schedule E)		0.00		
(52 U.S.C. § 30116(d))	0.00			
(use Schedule F)	0.00	0.00		
Loan Repayments Made		1586.00		
	4 4			
Loans MadeRefunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
man i olitical committees	0.00	0.00		
(b) Political Party Committees		0.00		
(c) Other Political Committees	4 4			
(such as PACs)		0.00		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))				
(add Lines Zo(a), (b), and (c))	0.00	0.00		
Other Disbursements (Including				
Non-Federal Donations)	0.00	0.00		
Federal Election Activity (52 U.S.C. § 3	30101(20))			
(a) Allocated Federal Election Activity				
(from Schedule H6)				
(i) Federal Share	0.00	0.00		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid	0.00	0.00		
Entirely With Federal Funds		0.00		
(c) Total Federal Election Activity (add				
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
Total Disbursements (add Lines 21(c),	22			
23, 24, 25, 26, 27, 28(d), 29 and 30(c)	"	4040.00		
25, 21, 25, 25, 27, 25(4), 25 4114 50(5))) 111.15	4310.93		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(i				
from Line 31)	▶ 111.15	4310.93		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

,		3	
III. Net Contributions/ Operating Expenditures			
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	2606.00	
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	2606.00	
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	106.15	2724.93	
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
38. Net Operating Expenditures (subtract Line 37 from Line 36)	106.15	2724.93	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

		FOR LINE NUMBER: PAGE 6 C							OF		25
Use separate schedule(s) for each category of the Detailed Summary Page	(che	(check only one)									
		11a		11b		11c		12			
	×	13		14		15		16			17
					,						

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Citizens For Restoring USA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

	e Initial) or Full Org	panization Name	
Kiger, Robert, , ,	Date of Receipt		
Mailing Address 339 Cocoanut Row	12 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID : SA13.4738
Palm Beach	FL	33480	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer (for Individual) Self	Occup Self	pation (for Individual)	Memo Item Loan From R. Kiger
Receipt For:		/	Loan From IX. Niger
Primary General	Aggregate Y	'ear-to-Date ▼	
Other (specify) ▼		1690.00	
Full Name of Individual (Last, First, Middle Kiger, Robert, , ,	∍ Initial) or Full Orç	ganization Name	Date of Receipt
Mailing Address 339 Cocoanut Row		12 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State	Zip Code	Transaction ID : SA13.4739
Palm Beach	FL	33480	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		40.00
Name of Employer (for Individual) Self	Occup Self	pation (for Individual)	Memo Item Loan From R. Kiger
Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 1730.00	
	1	,	
Full Name of Individual (Last, First, Middle Kiger, Robert	e Initial) or Full Org	ganization Name	Date of Receipt
	e Initial) or Full Orç	ganization Name	Date of Receipt 12 30 2016
Kiger, Robert, , ,	e Initial) or Full Org	ganization Name	M - M / D - D / Y - Y - Y
Kiger, Robert, , , Mailing Address 339 Cocoanut Row			12 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Kiger, Robert, , , Mailing Address 339 Cocoanut Row City	State	Zip Code	12 30 2016 Transaction ID : SA13.4740
Kiger, Robert, , , Mailing Address 339 Cocoanut Row City Palm Beach FEC ID number of contributing	State FL	Zip Code	12 30 2016 Transaction ID : SA13.4740 Amount of Each Receipt this Period
Kiger, Robert, , , Mailing Address 339 Cocoanut Row City Palm Beach FEC ID number of contributing federal political committee. Name of Employer (for Individual)	State FL Occup	Zip Code 33480	Transaction ID : SA13.4740 Amount of Each Receipt this Period 70.00 Memo Item
Kiger, Robert, , , Mailing Address 339 Cocoanut Row City Palm Beach FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Receipt For: Primary General	State FL C Occup Self Aggregate Y	Zip Code 33480 Dation (for Individual) Year-to-Date ▼ 1800.00	Transaction ID: SA13.4740 Amount of Each Receipt this Period 70.00 Memo Item Loan From R. Kiger

S 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Citizens For Restoring USA Full Name (Last, First, Middle Initial) A. T Mobile Mailing Address PO Box 37380 City Albuquerque NM 87176 Purpose of Disbursement Telephone Service Candidate Name Office Sought: House Disbursement For: Senate President State: District: Full Name (Last, First, Middle Initial) B. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Disbursement For: Senate President State: District: Full Name (Last, First, Middle Initial) B. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Disbursement For: Senate President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Amount of Each Disbursement this Period Teach Disbursement this Period Memo Item Memo Item Memo Item FEC Identification Number Category/ Type Memo Item FEC Identification Number Category/ Type Memo Item FEC Identification Number Category/ Type Teach Disbursement this Period Teach Di	SCHEDULE B (FEC Form 3X)			FOR LINE	OR LINE NUMBER: PAGE 7 OF 25				
Detailed Summary Page 28 28 28 28 28 29 30 300 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) Citizens For Restoring USA Full Name (Last, First, Middle Initial) A. T Mobile Mailing Address PO Box 37390 City Office Sought: House Disbursement For: Sanate President Disbursement Expression Disbursement Test State: Disbursement Full Name (Last, First, Middle Initial) B. Mailing Address City State: Disbursement Candidate Name Office Sought: House Disbursement For: Senate President Other (specify) General State: Disbursement Candidate Name Office Sought: House Disbursement For: Senate President Other (specify) General State: Disbursement Full Name (Last, First, Middle Initial) B. Mailing Address City State: Disbursement Candidate Name Office Sought: House Disbursement For: Senate President Other (specify) General State: Disbursement Full Name (Last, First, Middle Initial) C. Mailing Address City State: Disbursement For: General Disbursement Category/ Type Office Sought: House Disbursement For: Senate President Other (specify) General Disbursement Full Name (Last, First, Middle Initial) C. Category/ Type Office Sought: House Disbursement For: Senate President Disbursement For: Mailing Address City State: Disbursement Category/ Type Office Sought: House Disbursement For: Memory General Disbursement For: Memory	ITEMIZED DISBURSEMENTS			· · · · · · · · · · · · · · · · · · ·	I ' '				
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Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ SUBTOTAL of Disbursements This Page (optional)	Candidate Name				Amount o	of Each D	Disbursem	ent this Period	
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State: District: SUBTOTAL of Disbursements This Page (optional)		_					, , , ,		
SUBTOTAL of Disbursements This Page (optional)		Other (spe	ecify) 🔻		Mem	o Item			
33510 TAE OF DISDUTSETHERIS THIS Tage (Optional)	State: District:								
02.59	SUBTOTAL of Disbursements This Page (optional).					7	4	92.58	
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SCHEDULE B (FEC Form 3X)	llea canara	te schedule(s)	1	R LINE NUMBER: PAGE 8 OF 25			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page (check only 21b 28a			one) 22 23 x 26 27 28c 29 30b			
Any information copied from such Reports and State or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full)	ino ana addres	o or arry politica	r committee to	Solicit Gorializations from Sacri Gorialitates.			
Citizens For Restoring USA							
Full Name (Last, First, Middle Initial) A. Kiger, Robert, , ,				Date of Disbursement			
Mailing Address 339 Cocoanut Row		12 05 2016					
City Palm Beach		FEC Identification Number					
Purpose of Disbursement Repayment of Loan Candidate Name	009	Transaction ID : SB26.4741					
			Category/ Type	Amount of Each Disbursement this Period 5.00			
Office Sought: House Disburse Senate President	Senate Primary General						
State: District:				Memo Item			
Full Name (Last, First, Middle Initial) 3.				Date of Disbursement			
Mailing Address				M = M / D = D / Y = Y = Y			
City	State	Zip Code		FEC Identification Number			
Purpose of Disbursement				C			
Candidate Name Category Type				Amount of Each Disbursement this Period			
Office Sought: House Disbursement For: Senate President President Other (specify)							
State: District:	1			Memo Item			
Full Name (Last, First, Middle Initial)				Date of Disbursement			
Mailing Address				M = M / D = D / Y = Y = Y			
City	State	Zip Code		FEC Identification Number			
Purpose of Disbursement				C			
Candidate Name Category/ Type				Amount of Each Disbursement this Period			
Senate	ement For: Primary Other (specify	General					
State: District:	Julion (opcoin)	', ▼		Memo Item			
President	Other (specify	/) ▼		5.00 5.00			

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 9 OF 25

		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X			
IAME OF COMMITTEE (In Full) Citizens For Restoring USA		Transaction ID : SC/10.4142			
LOAN SOURCE Full Name (Last, First, M Kiger, Robert, , ,	iddle Initial)	N			
Mailing Address 339 Cocoanut Row		General Other (specify) ▼			
City	State	ZIP Code			
Palm Beach	FL	33480			
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period			
900.00		0.00 900.00			
TERMS Date Incurred	Da	ate Due Interest Rate Secured:			
M 08 M / D 12 D / Y 2015	M = M / D = D	/ 12/31/2016 5.00 % (apr) Yes ✗ No			
List All Endorsers or Guarantors (if any)	to Loan Source				
Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City	ZIP Code	Amount Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)					
TOTALS This Period (last page in this line onl					
Carry outstanding balance only to LINE 3. Sc	hedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.			

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 10 OF 25

				Detailed Suffilliary	raye	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)						ction ID : SC/10.4143
Citizens For Restoring USA						
LOAN SOURCE Full Name (Last, Figer, Robert, , ,	dle Initial)		N ☐ Memo	Item E	Election: Primary General	
Mailing Address 339 Cocoanut Row					Other (specify) ▼	
City		State	de	-		
Palm Beach		FL	3348	0		
Original Amount of Loan		Cumulative Pay	ment To	Date	Balanc	e Outstanding at Close of This Period
300.0	00	1 7		76.00		224.00
TERMS Date Incurred		Da	ate Due	Interes	t Rate	Secured:
M 09 / 16 / 2015	Y	M / D D	/ Y	:/31/2016 ×	5.00	% (apr) Yes X No
List All Endorsers or Guarantors (i	if any) to	Loan Source				
1. Full Name (Last, First, Middle Initial	ial)			Name of Employer		
Mailing Address				Occupation		
Walling Address						
City	State	ZIP Code		Amount Guaranteed Outstanding:		71171171
2. Full Name (Last, First, Middle Initi	ial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		71171171
3. Full Name (Last, First, Middle Init	ial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		7 1 7 1 7 1
4. Full Name (Last, First, Middle Initi	4. Full Name (Last, First, Middle Initial)					
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		, , , , , , ,
UBTOTALS This Period This Page (optional)						
TOTALS This Period (last page in this Carry outstanding balance only to LINI					y forms	rd to appropriate line of Summer:
Carry Duisianumu Dalance Omy to LIN	⊑ ວ, ວcne	sudie D, for this	iiiie. Ii	no ochedule D, carr	y iorwai	in to appropriate line of Sullinary.

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 11 OF 25

			Detailed Suffillary Page FOR LINE 13 OF FORM 3X		
AME OF COMMITTEE (In Full)			Transaction ID : SC/10.4150		
Citizens For Restoring US	SA				
LOAN SOURCE Full Name (La Kiger, Robert, , ,	ast, First, M	iddle Initial)	N ☐ Memo Item		
Mailing Address 339 Cocoanut R	OW		Other (specify) ▼		
City		State	ZIP Code		
Palm Beach		FL	33480		
Original Amount of Loan		Cumulative Pay	yment To Date Balance Outstanding at Close of This Perio		
7	200.00	7	0.00 200.00		
TERMS Date Incurred		D	Date Due Interest Rate Secured:		
	5	M = M / D = D			
List All Endorsers or Guaranto	rs (if any)	to Loan Source			
1. Full Name (Last, First, Middle	Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle	Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle	Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle	Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:		
UBTOTALS This Period This Page (optional)					
TOTALS This Period (last page in					
Carry outstanging balance only to	LINE 3, SC	neaule D. for this	s line. If no Schedule D, carry forward to appropriate line of Summary.		

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 12 OF 25

		Detailed Sulfilliary Page FOR LINE 13 OF FORM 3X			
AME OF COMMITTEE (In Full)		Transaction ID: SC/10.4155			
Citizens For Restoring USA					
LOAN SOURCE Full Name (Last, First Kiger, Robert, , ,	, Middle Initial)	Memo Item Election: Primary General			
Mailing Address 339 Cocoanut Row		Other (specify) ▼			
City	State	ZIP Code			
Palm Beach	FL	33480			
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period			
5.00		980.00 -975.00			
TERMS Date Incurred	D	ate Due Interest Rate Secured:			
12 / 30 / Y 2015	M = M / D = D	/ 12/31/2016 5.00 % (apr) Yes X No			
List All Endorsers or Guarantors (if an	y) to Loan Source				
1. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	e ZIP Code	Amount Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	e ZIP Code	Amount Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)	,	Name of Employer			
Mailing Address		Occupation			
City State	e ZIP Code	Amount Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)	·	Name of Employer			
Mailing Address		Occupation			
City	ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)					
TOTALS This Period (last page in this line					
Carry outstanging palance only to LINE 3.	scheaule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.			

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 13 OF 25

AME OF COMMITTEE (in Full) Citizens For Restoring USA LOAN SQURCE Full Name (Last, First, Middle Initial) Mailing Address 339 Cocoanut Row City Palm Beach Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Personal Transaction of			Detailed Suffillary Fage	FOR LINE 13 OF FORM 3X
LOAN SOURCE Full Name (Last, First, Middle Initial) Mailing Address 339 Cocoanut Row			Trans	saction ID : SC/10.4575
Kiger, Robert, Primary General Mailing Address 339 Coccanut Row City State ZIP Code Palm Beach FL 33480 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Person Companies and Park Payment To Date TERMS Date Incurred Date Due Interest Rate Secured: ™ 05 " 18" / 2016 " 2016 " 2016 " 3" / 50" / 5/18/2017 " 5.00 % (apr)	Sitizens For Restoring USA			
Mailing Address 339 Coccanut Row City Palm Beach Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Pe 20.00 TERMS Date Incurred Date Due Interest Rate Secured: 55.00 List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: Name of Employer Mailing Address Occupation Name of Employer Mailing Address Occupation Name of Employer	LOAN SOURCE Full Name (Last, First, Miger, Robert, , ,	/liddle Initial)	N	Primary
Palm Beach Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Pe 75.00 TERMS Date Incurred Date Due Interest Rate Secured: 0.05	Mailing Address 339 Cocoanut Row			
Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Periods 75.00 TERMS Date Incurred Date Due Interest Rate Secured: "05" / "18" / 2016 / """ / 5/18/2017 5.00 % (apr) Yes x List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: Occupation Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: Occupation Name of Employer Mailing Address Occupation Name of Employer	City	State ZIP Co	ode	
TERMS Date Incurred Date Due Interest Rate Secured: "05" / D18" / Z016 List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Amount Guaranteed Outstanding: City State ZIP Code Amount Guaranteed Outstanding: City State ZIP Code Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Name of Employer	Palm Beach	FL 3348	80	
TERMS Date Incurred Date Due Interest Rate Secured: 5/18/2017 5.00 6/ (apr) Ves X List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: City State ZIP Code Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Name of Employer Amount Guaranteed Outstanding: Name of Employer	Original Amount of Loan	Cumulative Payment To	Date Balar	nce Outstanding at Close of This Period
Date Incurred Date Due Interest Rate Secured: Mos Pab Pas Pas	75.00		55.00	20.00
List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Amount Guaranteed Outstanding: City State ZIP Code Amount Guaranteed Outstanding: City State ZIP Code Amount Guaranteed Outstanding: Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: Name of Employer Name of Employer		Date Due	Interest Rate	Secured:
1. Full Name (Last, First, Middle Initial) Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Name of Employer Mailing Address Occupation Amount Guaranteed Outstanding: Name of Employer	M M / D D / Y Y Y	M M / D D / Y	, Y , Y , Y , F 00	
Mailing Address City State ZIP Code Amount Guaranteed Outstanding: Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: Name of Employer Mailing Address Occupation State ZIP Code Amount Guaranteed Outstanding: Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: Name of Employer	List All Endorsers or Guarantors (if any)	to Loan Source		
City State ZIP Code Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: Name of Employer	Full Name (Last, First, Middle Initial)		Name of Employer	
City State ZIP Code Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: Name of Employer	Moiling Addross		Occupation	
Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Name of Employer Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer	Mailing Address		Occupation	
Mailing Address City State ZIP Code Amount Guaranteed Outstanding: Name of Employer Mailing Address City State ZIP Code Amount Guaranteed Outstanding: Name of Employer Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer	City State	ZIP Code	Guaranteed	T
City State ZIP Code Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer	2. Full Name (Last, First, Middle Initial)		Name of Employer	
Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Occupation City State ZIP Code Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer	Mailing Address	<u> </u>	Occupation	
Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer	City State	ZIP Code	Guaranteed	7
City State ZIP Code Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer	3. Full Name (Last, First, Middle Initial)		Name of Employer	
Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer	Mailing Address		Occupation	
, , , , , , , , , , , , , , , , , , , ,	City State	ZIP Code	Guaranteed	7 1 7 1 7
Mailing Address Occupation	4. Full Name (Last, First, Middle Initial)		Name of Employer	
	Mailing Address		Occupation	
City State ZIP Code Amount Guaranteed Outstanding:	City State	ZIP Code	Guaranteed	7
SUBTOTALS This Period This Page (optional)		•		20.00
TOTALS This Period (last page in this line only)				yard to appropriate line of Summer:

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 14 OF 25

		Detailed Sulfilliary Page FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		Transaction ID : SC/10.4578
Citizens For Restoring USA		
LOAN SOURCE Full Name (Last, First, Mi	ddle Initial)	N ☐ Memo Item
Mailing Address 339 Cocoanut Row		Other (specify) ▼
City	State	ZIP Code
Palm Beach	FL	33480
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
110.00	7	0.00
TERMS Date Incurred	Da	ate Due Interest Rate Secured:
M 05	M = M / D = D	5/26/2017 5.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) t	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Addyson		Occupation
Mailing Address		Cecupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	'	Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	,	Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		110.00
TOTALS This Period (last page in this line onl		
Carry outstanding balance only to LINE 3. Sci	nedule D. tor this	line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 15 OF 25

		Detailed Sufficially Page FOR LINE 13 OF FORM 3X		
IAME OF COMMITTEE (In Full) Citizens For Restoring USA		Transaction ID : SC/10.4709		
LOAN SOURCE Full Name (Last, First, Middle Initial) N				
Mailing Address 339 Cocoanut Row		General Other (specify) ▼		
City	State	ZIP Code		
Palm Beach	FL	33480		
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period		
140.00	-	0.00		
TERMS Date Incurred	Da	ate Due Interest Rate Secured:		
M 07	M = M / D = D	7 07/18/2017 5.00 % (apr) Yes X No		
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial) Name of Employer				
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line on				
Carry outstanding balance only to LINE 3. So	nedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.		

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 16 OF 25

		Detailed Sufficially Page FOR LINE 13 OF FORM 3X	
IAME OF COMMITTEE (In Full) Citizens For Restoring USA		Transaction ID : SC/10.4710	
_			
LOAN SOURCE Full Name (Last, First, Miger, Robert, , ,	fiddle Initial)	N	
Mailing Address 339 Cocoanut Row		Other (specify) ▼	
City	State	ZIP Code	
Palm Beach	FL	33480	
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period	
125.00		0.00	
TERMS Date Incurred	D	ate Due Interest Rate Secured:	
M07 ^M / D21 ^D / Y Y016 Y	M = M / D = D	7 07/21/2017 5.00 % (apr) Yes X No	
List All Endorsers or Guarantors (if any)	to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	-	Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial) Name of Employer			
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line or			
Carry outstanding balance only to LINE 3. S	chedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.	

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 17 OF 25

			Detailed Summary Page FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full) Transaction ID : SC/10.4711			
Citizens For Restoring USA			
LOAN SOURCE Full Name	(Last, First, Mi	ddle Initial)	N ☐ Memo Item Election:
Kiger, Robert, , ,			Primary General
Mailing Address 339 Cocoanu	at Dow		Other (specify) ▼
ag / tee. 555 Gocoand	it KOW		
City		State	ZIP Code
Palm Beach		FL	33480
Original Amount of Loan		Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
7 7	150.00	4	0.00
TERMS			
Date Incurred	Y Y Y Y	D M M / D D	ate Due Interest Rate Secured:
08 09	Ž016 Y	12 09	0007 5.00 % (apr) Yes ✗ No
List All Endorsers or Guara	ntors (if any) t	o Loan Source	
1. Full Name (Last, First, Mic	Idle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)			Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial) Name of Employer			Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial) Name of Employer			
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 18 OF 25
FOR LINE 13 OF FORM 3X

		, , , , , , , , , , , , , , , , , , , ,
IAME OF COMMITTEE (In Full) Citizens For Restoring USA		Transaction ID : SC/10.4712
LOAN SOURCE Full Name (Last, First, Kiger, Robert, , ,	Middle Initial)	N
Mailing Address 339 Cocoanut Row		Other (specify) ▼
City	State	ZIP Code
Palm Beach	FL	33480
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
150.00		0.00 150.00
TERMS Date Incurred		ate Due Interest Rate Secured:
M 08	M M / D D	08/18/2017 5.00 % (apr) Yes ✗ No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	1	Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	'	Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (options	al)	150.00
TOTALS This Period (last page in this line of	only)	
Carry outstanding balance only to LINE 3, \$	Schedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 19 OF 25

			Detailed Summary Page FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full) Transaction ID : SC/10.4714			
Citizens For Restoring USA			
LOAN SOURCE Full Name	(Last, First, Mi	ddle Initial)	N ☐ Memo Item Election:
Kiger, Robert, , ,			Primary General
Mailing Address 339 Cocoanu	t Daw		Other (specify) ▼
Walling Address 339 Cocoanu	t ROW		Cities (specify) •
City		State	ZIP Code
Palm Beach		FL	33480
Original Amount of Loan		Cumulative Pay	yment To Date Balance Outstanding at Close of This Period
	35.00	7	0.00 35.00
TERMS		_	
Date Incurred	Y Y Y Y	D M M / D D	late Due Interest Rate Secured:
09 23	2016	10 03	0008 5.00 % (apr) Yes X No
List All Endorsers or Guarai	ntors (if any) t	o Loan Source	
1. Full Name (Last, First, Mid	dle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)			Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial) Name of Employer			Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial) Name of Employer			
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)			
FOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 20 OF 25

		Detailed Summary Page FOR LINE 13 OF FORM 3X	
IAME OF COMMITTEE (In Full) Citizens For Restoring USA		Transaction ID : SC/10.4731	
LOAN SOURCE Full Name (Last, First, M Kiger, Robert, , ,	iddle Initial)	N	
Mailing Address 339 Cocoanut Row		Other (specify) ▼	
City	State	ZIP Code	
Palm Beach	FL	33480	
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period	
115.00	7	0.00	
TERMS Date Incurred	Da	te Due Interest Rate Secured:	
M 10 M / D 19 D / Y 2016	M = M / D = D	10/19/2017 5.00 % (apr) Yes X No	
List All Endorsers or Guarantors (if any)	to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial) Name of Employer			
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial) Name of Employer			
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Sc	hedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.	

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 21 OF 25

		Detailed Summary Fage FOR LINE 13 OF FORM 3X	
IAME OF COMMITTEE (In Full) Citizens For Restoring USA		Transaction ID : SC/10.4732	
LOAN SOURCE Full Name (Last, First, Miger, Robert, , ,	Middle Initial)	N ☐ Memo Item	
Mailing Address 339 Cocoanut Row		Other (specify) ▼	
City	State	ZIP Code	
Palm Beach	FL	33480	
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period	
25.00		0.00 25.00	
TERMS Date Incurred	D	ate Due Interest Rate Secured:	
M 10 M / D 19 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M = M / D = D	/ 10/19/2017 5.00 % (apr) Yes ✗ No	
List All Endorsers or Guarantors (if any)	to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial) Name of Employer			
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line or			
Carry outstanding balance only to LINE 3. S	chedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.	

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 22 OF 25

		Detailed Sulfilliary Page FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		Transaction ID : SC/10.4733
Citizens For Restoring USA		
LOAN SOURCE Full Name (Last, First, Mi Kiger, Robert, , ,	iddle Initial)	N ☐ Memo Item
Mailing Address 339 Cocoanut Row		Other (specify) ▼
City	State	ZIP Code
Palm Beach	FL	33480
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
100.00	7	0.00
TERMS Date Incurred	Da	ate Due Interest Rate Secured:
M 10	M = M / D = D	/ 10/29/2017 5.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
Mailing Address		Cocupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	'	Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		100.00
TOTALS This Period (last page in this line onl		
carry outstanding balance only to LINE 3. Sc	nedule D. tor this	line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 23 OF 25

		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X	
IAME OF COMMITTEE (In Full) Citizens For Restoring USA		Transaction ID : SC/10.4738	
3			
LOAN SOURCE Full Name (Last, First, Mi Kiger, Robert, , ,	ddle Initial)	N ☐ Memo Item	
Mailing Address 339 Cocoanut Row		Other (specify) ▼	
City	State	ZIP Code	
Palm Beach	FL	33480	
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period	
20.00		0.00	
TERMS Date Incurred	Da	ate Due Interest Rate Secured:	
M 12 M / D 02 D / Y 2016	12 / 02	/ 0011 5.00 % (apr) Yes ✗ No	
List All Endorsers or Guarantors (if any) t	to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line onl			
Carry outstanding balance only to LINE 3. Sci	hedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.	

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 24 OF 25

		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X	
IAME OF COMMITTEE (In Full) Citizens For Restoring USA		Transaction ID : SC/10.4739	
LOAN SOURCE Full Name (Last, First, Mi Kiger, Robert, , ,	ddle Initial)	N	
Mailing Address 339 Cocoanut Row		Other (specify) ▼	
City	State	ZIP Code	
Palm Beach	FL	33480	
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period	
40.00		0.00 40.00	
TERMS Date Incurred	Da	ate Due Interest Rate Secured:	
M 12 M / 19 / Y 2016	11 / 03	5.00 % (apr) Yes X No	
List All Endorsers or Guarantors (if any) t	o Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial) Name of Employer			
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only			
Carry outstanding balance only to LINE 3. Sch	nedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.	

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 25 OF 25

		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) Citizens For Restoring USA		Transaction ID : SC/10.4740
LOAN SOURCE Full Name (Last, First, Middle Initial) Kiger, Robert, , ,		N
Mailing Address 339 Cocoanut Row		
City	State	ZIP Code
Palm Beach	FL	33480
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
70.00		0.00 70.00
TERMS Date Incurred Date Due Interest Rate Secured:		
M 12 M / 30 D / Y 2016	M 08 / 31	/ 0011 5.00 % (apr) Yes ★ No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial) Name of Employer		
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial) Nam		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line only)		
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		